Appl. No.

10/713,820

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AMENDMENTS TO THE CLAIMS

1-43. (Canceled)

44. (Currently amended) An apparatus for providing access to a spinal location within a patient, comprising:

an elongate body having a proximal end and a distal end and defining a length between the proximal and distal ends such that the proximal end can be positioned outside the patient and the distal end can be positioned inside the patient adjacent the spinal location, said elongate body having an outer surface and an inner surface, said elongate body being expandable from a contracted configuration to an expanded configuration, wherein the cross-sectional area of said body at a first location is greater than the cross-sectional area of said body at a second location in the expanded configuration, wherein the first location is distal to the second location; and

an arcuate guide <u>having a first end and a second end along which a portion of the elongate body is moveable</u> that guides the elongate body from its contracted condition to its expanded condition, the arcuate guide extending generally in the direction of expansion between the contracted and expanded conditions.

- 45. (Previously presented) The apparatus of Claim 44, wherein the elongate body comprises a first member and a second member moveable relative to each other.
- 46. (Previously presented) The apparatus of Claim 45, wherein the arcuate guide comprises a slot and a member moveable within said slot.
- 47. (Previously presented) The apparatus of Claim 44, wherein the elongate body in the contracted configuration is substantially tubular having a substantially circular cross-section.
- 48. (Previously presented) The apparatus of Claim 44, wherein the elongate body comprises sheet metal material.
- 49. (Previously presented) The apparatus of Claim 48, wherein the elongate body is made of stainless steel.
- 50. (Currently amended) An apparatus for providing access to a spinal location within a patient, comprising:

an elongate body having a proximal end and a distal end and defining a length between the proximal and distal ends such that the proximal end can be positioned Appl. No.

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outside the patient and the distal end can be positioned inside the patient adjacent the spinal location;

the elongate body having at least first and second sides and being expandable such that a transverse dimension extending between the first and second sides of the elongate body at a first location is greater than a transverse dimension extending between the first and second sides of the elongate body at a second location, wherein the first location is distal to the second location and the elongate body provides an access path to the spinal location between the first and second sides; and

- a guiding mechanism comprising a curved portion extending in a generally transverse direction along which a portion of the elongate body is moveable from its contracted condition to its expanded condition.
- 51. (Previously presented) The apparatus of Claim 50, wherein at least one of the first and second sides comprises a metal portion.
- 52. (Previously presented) The apparatus of Claim 50, wherein at least one of the first and second sides comprises a substantially smooth metal surface facing said access path.
- 53. (Previously presented) The apparatus of Claim 50, wherein the elongate body comprises a proximal portion and a distal portion coupled with the proximal portion.
- 54. (Previously presented) The apparatus of Claim 50, wherein the elongate body is substantially tubular having a substantially tubular cross-section at least when not expanded.
- 55. (Previously presented) The apparatus of Claim 50, wherein the access path is sized such that more than one surgical instrument can be advanced simultaneously along the access path between the proximal end and the spinal location.
- 56. (New) The apparatus of Claim 44, wherein the distal end is configured to be inserted through an incision in the back of a patient.
- 57. (New) The apparatus of Claim 50, wherein the distal end is configured to be inserted through an incision in the back of a patient.